



I HEREBY CERTIFY THAT THIS CORRESPONDENCE IS BEING DEPOSITED WITH THE UNITED STATES POSTAL SERVICE AS FIRST CLASS MAIL IN AN ENVELOPE ADDRESSED TO: COMMISSIONER FOR PATENTS, P.O. BOX 1450, ALEXANDRIA, VA 22313-1450, ON THE DATE INDICATED BELOW.

BY:

[Signature]

Date:

July 9, 2003

MAIL STOP RCE

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In Re Patent Application of:
Norman Orentreich, *et al.*

Conf. No.: 7858

Group Art Unit:

1653

Appln. No.: 09/309,689

Examiner:

A. Mohamed

Filing Date: May 11, 1999

Attorney Docket No.:

4555-45US

Title:

MATERIALS FOR SOFT TISSUE AUGMENTATION AND METHODS OF MAKING AND USING SAME

**AFTER FINAL REQUEST FOR CONTINUED EXAMINATION (RCE)
UNDER 37 C.F.R. 1.114**

This is a request under 37 CFR 1.114 for continued examination (RCE) of the above identified application in response to the Office Action mailed January 9, 2003 (Paper No. 15), and the Notice of Appeal, filed by applicants and received by the USPTO on May 13, 2003.

Enclosed are the following in support of the RCE under 37 C.F.R. 1.114:

- ☐ Enter the unentered Amendment previously filed on under 37 CFR 1.116 in the above application.
- ☒ An Amendment
- ☒ An Information Disclosure Statement, PTO/SB/08A and cited reference.
- ☐ New formal drawings.
- ☐ A Petition for Extension of Time to for the pending application.
- ☐ Other:

The following fees are enclosed:

- ☒ RCE fee of \$375 required under 37 C.F.R. 1.17(e).

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- ☐ Extension of time fee in the amount of \$____.00
- ☐ Additional claim fees of _____ for excess claims submitted in the enclosed Amendment, calculated as follows:

					SMALL ENTITY		LARGE ENTITY	
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDIT. FEE	RATE	ADDIT. FEE
TOTAL		(-)	or 20		x9		x18	
INDEP.		(-)	or 3		x42		x84	
<input type="checkbox"/> 1st PRESENTATION OF MULTIPLE DEPENDENT CLAIMS					+\$140		+\$280	
					TOTAL		TOTAL	

- ☒ Firm check totaling \$375.00 is enclosed herewith.
- ☒ The Commissioner is hereby authorized to charge and/or credit Deposit Account No. 50-1017 (Billing No. 204555.0045) as noted below. A duplicate copy of this sheet is enclosed.
- ☒ Any overpayments or deficiencies in the above-calculated fee(s).
- ☐ RCE fee in the amount of \$____.00.
- ☐ Extension fee in the amount of \$____.00.
- ☐ Additional claim fee(s) in the amount of \$____.00 as calculated above.
- ☒ Any additional fees required under 37 C.F.R. §§ 1.16 or 1.17.
- ☒ In the event that a Petition for Extension of Time is required, but not enclosed, please charge any extension fee under 37 C.F.R. § 1.136(a) to our Deposit Account noted above.

CORRESPONDENCE ADDRESS

NORMAN ORENTREICH, *et al.*

9 July 2003
(Date)

By:

KRISTYNE A. BULLOCK

Registration No. 42,371

AKIN GUMP STRAUSS HAUER & FELD LLP

One Commerce Square

2005 Market Street, Suite 2200

Philadelphia, PA 19103-7013

Telephone: 215-965-1200

Direct Dial: 215-965-1348

Facsimile: 215-965-1210

E-Mail: kbullock@akingump.com

KAB:cmb
Enclosures
239219